

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 04/08/2007		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 04/10/2007							
		FINANCIAL PAYER: NCDMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL		
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	4477	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8800	572	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	27	5729	5729	0	
		3411	267	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D					
3404904	WESTERN HIGHLAN DS LME	8505	1623	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8533	86	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	0	1970	6609	4639	
		8654	58	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE					
3404910	PATHWAYS	21	265	DUPLICATE OF CLAIM-SYSTEM					
		8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	60	999	8748	7598	
		11	139	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8537	2	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	104	4283	4179	
		4807	1	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE					
3404913	MECKLENBURG COM ENTAL HEALT	8599	803	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		23	561	SERVICE REQUIRES PRIOR APPROVA L	38	3408	4580	1172	
		79	530	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
3404916	CROSSROADS BEHA VIAL HEAL	79	67	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN					
		143	23	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	194	9671	9477	
		8518	21	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE					
3404917	CENTERPOINT HUM AN SERVICES	11	183	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		8505	148	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	563	3112	2549	
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					

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3404919	GUILFORD CO MEN TAL HEALTHC	8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	7	175	265	90		
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME						
3404920	ALAMANCE CASWEL L AREA MH D	8505	2736	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						
		11	114	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2870	2899	29		
		8800	19	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.						
3404921	ORANGE PERSON C HATHAM AREA	5312	1990	PRIOR AUTHORIZED DOLLARS EXCEE DED						
		7001	223	EXCEEDS THE ONE PER DAY LIMITA TION	0	3043	6052	3009		
		21	150	DUPLICATE OF CLAIM-SYSTEM						
3404922	THE DURHAM CENT ER	8505	2856	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						
		8800	455	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	28	3623	5090	1467		
		21	133	DUPLICATE OF CLAIM-SYSTEM						
3404923	FIVE COUNTY MH	21	137	DUPLICATE OF CLAIM-SYSTEM						
		11	133	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	395	3353	2958		
		8536	30	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR						
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1077	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						
		8599	160	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	1929	7166	5237		
		1588	133	CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE						
3404926	SOUTHEASTERN RE G MENTAL HL	8599	243	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	1173	5085	3912		
		21	147	DUPLICATE OF CLAIM-SYSTEM						
3404927	CUMBERLAND CO M HC	8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		8950	28	CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP	0	123	1195	1072		
		8505	10	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						

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3404930	JOHNSTON COUNTY MNTL HLTHC	11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE						
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	5	44	39		
3404931	WAKE CO HUM SVC BILLING OF	21	871	DUPLICATE OF CLAIM-SYSTEM						
		8505	464	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	21	2410	4645	2235		
		8518	449	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE						
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	236	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		21	172	DUPLICATE OF CLAIM-SYSTEM	5	1028	9451	8423		
		8537	168	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN						
3404934	ONSLow CARTERET BEHAV HEAL	8599	338	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		11	161	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	844	2609	1765		
		8534	90	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F						
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***						
		0	0		0	0	0	0		
3404936	WILSON-GREENE M ENTAL HEALT	8505	86	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	93	1350	1257		
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD						
3404937	EDGEcombe NASH MNTL HLTH C	8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	224	1784	1560		
		21	30	DUPLICATE OF CLAIM-SYSTEM						
3404939	NEUSE MENTAL HE ALTH CENTER	8534	106	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F						
		8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	360	1622	1262		
		79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN						
3404941	PITT CO MH/DD/S AS CENTER	79	200	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN						
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	382	3542	3160		
		7001	29	EXCEEDS THE ONE PER DAY LIMITA TION						

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3404942	ROANOKE CHOWANH UMAN SERVIC	8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		8518	3	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	9	433	424		
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE						
3404943	ALBEMARLE MENTA L HEALTH CE	8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		191	29	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	9	185	2189	2004		
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE						
3404944	EASTPOINTE HUMA N SERVICES	8518	147	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE						
		79	99	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	3	298	11800	11502		
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	199	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.						
		11	67	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	410	3747	3337		
		21	31	DUPLICATE OF CLAIM-SYSTEM						
3404957	TIDELAND MENTAL HEALTH CTR	8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET						
		8800	28	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	16	136	948	812		
		8933	15	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.						
3404979	NEW RIVER AREAM H/DD/SA PRO	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE						
		8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	3	10	7		